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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned eccording to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
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Assignee Name and Address:						
Electronic Systems Protection, Inc.						
517 North Industrial Drive Zebulon, NC 27597						
	, NO 21037				•	
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
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SIGNATURE of Assigned of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assigned						
Signet	Signature 9. Julto			Date //28/09		
Name	DAUZO J. PERRO	DAUSO J. PERROTTA			Telephone 9/9-169-696	
Title	VP OPERATIONS					

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